

adhesive tape over the padding, (sheet wadding, stockinette, or other material), immediately under the plaster. This allows passage of the cutter along a path free of any material which might foul the blade. The shortest path, with no regard for bony prominences, is usually the best.

In leg-length casts, for instance, the adhesive tape may run directly down the anterior surface of the leg over the patella, tibial tuberosity, and dorsum of the foot. If it is felt that the cast might later be bivalved, the tape should be placed along the sides of the leg and foot.

In finishing the cast, the ends of the tape are turned under the cuff made by the stockinette. When the cast is to be removed, these ends can be exposed by making a small cut in the cuff of the cast. In this way the starting place is determined, the free-end of the tape pulled loose from the plaster, and the cutter started along the smooth plaster surface.

If Steinman pins are used, a two-inch square of tape is placed around the exposed end of the pin over the padding. Because of the ease with which the cutter turns corners, it is a simple matter to cut around the pin, leaving a small island of plaster.

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with the characteristics of sulfonamide fever. Most of us are visual learners and chiefly for this reason the fever charts of two instances are reproduced.*

REPORT OF CASES

CASE 1.—Mrs. J. L.—Furuncle of nose. Administration of sulfathiazole up to 90 grains (6 grams) daily (Figure 1). Prompt improvement until fourth day, after ingestion of 247 grains (16.5 grams). Patient experiences recurring fever with chills, nausea, vomiting, diarrhoea, generalized muscle pain and tenderness, headache and mild confusion. Sulfathiazole was discontinued on the third day of reaction, fever and other symptoms stopping gradually within two days. During the reaction, furuncle improved without interruption. No effect on blood count; blood sulfathiazole determinations were not made.

CASE 2.—Mrs. P. S.—(Courtesy of Dr. M. N. Hosmer)—Chronic mastoiditis with discharging sinus. Administration of sulfathiazole up to 90 grains (6 grams) daily, (Figure 2). Onset of fever on fifth day, after ingestion of 305 grains (20.3 grams), with chills, malaise, nausea, vomiting, headache and generalized skeletal pains. Sulfathiazole was discontinued on the second day of reaction, fever and other symptoms stopping gradually within four days. During the reaction no apparent influence was noted concerning the mastoiditis. No effect on blood count. Blood sulfathiazole determinations were omitted as of insufficient clinical importance.

CONCLUSIONS

Sulfathiazole may cause high fever, chills and other symptoms in some individuals, beginning as soon as four days after the start of treatment. Appreciable improvement may not take place until two or three days after the drug has been stopped. With such a temperature chart in mind, one's equanimity will be less vulnerable during this trying period.

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* Note.—Owing to lack of space only one cut is used.

SULFATHIAZOLE FEVER

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THAT fever may result from the administration of sulfonamide preparations is well known. When this occurs during the treatment of a febrile illness it is especially disquieting, and taxes one's judgment to decide whether the drug should be stopped or increased. This judgment will be the more reliable, the better we are acquainted

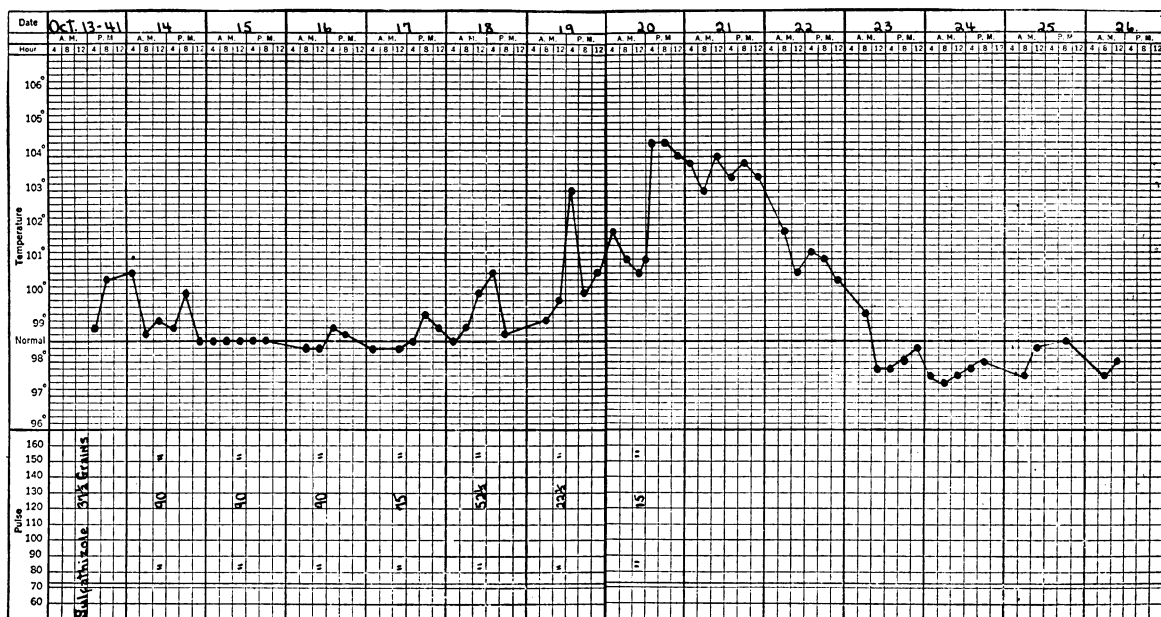


Fig. 1.—Fever chart of Mrs. J. L. (Case 1). Sulfathiazole Fever.